

**CHECKLIST
for
MARRIAGE AND FAMILY THERAPY ASSOCIATE (MFT Associate)**

- ☐ MFT 1 - General Information Form
- ☐ MFT 2 - Application Form
- ☐ MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. (Not required for graduates of COAMFTE accredited programs.)
- ☐ Official Transcripts from any institution at which relevant graduate coursework was completed.¹
- ☐ MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form
- ☐ MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).
- ☐ MFT 7 - Affidavit and Release Authorization Form
- ☐ MFT 8 - Supervision Agreement Form completed by supervisor(s) with a copy of the supervisory contract attached.²
- ☐ MFT 10 - Record of Supervision Form completed by the supervisor(s) for the Supervised Clinical Practicum or Internship. (Not required for graduates of COAMFTE accredited programs.)
- ☐ \$150 Application Review Fee - One time fee required of all first time applicants for Board review of credentials (if not previously submitted with Intern Application).
- ☐ \$25 Transfer Fee from Intern status to Associate status.

¹ Not required if previously submitted with application for permission to sit for the MFT examination.

² If your supervisor is not an LMFT Approved Supervisor, LMFT Supervisor-in-Training, AAMFT Approved Supervisor, or AAMFT Supervisor-in-Training, the supervisor must complete a Case By Case Supervision Form (MFT 9) to be included as part of your application.

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240066
Montgomery, AL 36124-0066
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: paula.scout@mft.alabama.gov
Website: www.mft.state.al.us



- Application for:**
- ☐ Marriage and Family Therapy Intern (MFT Intern)
 - ☐ Marriage and Family Therapy Associate (MFT Associate)
 - ☐ Permission to sit for the Marriage and Family Therapy
 - ☐ Licensed Marriage and Family Therapist (LMFT)
 - ☐ Licensed Marriage and Family Therapist By Endorsement

Name: _____
Last First Middle/Maiden

Social Security Number: _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female

Have you ever held an Alabama Professional License Before? ☐ No ☐ Yes, as follow(s):

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Work Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Home Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Preferred Mailing Address (The address listed here will be public.):

☐ Work ☐ Home

**MFT 2
Application Form**

Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the MFT Examination
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

PROFESSIONAL GRADUATE EDUCATION:

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

☐ Yes ☐ No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

ACCREDITATION:

☐ Yes ☐ No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions.

PROFESSIONAL EXAMINATION REQUIREMENT:

☐ Yes ☐ No I am requesting permission to sit for the Marriage and Family Therapy Examination.
☐ Yes ☐ No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
☐ Yes ☐ No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

MFT 3
Educational Requirements Form

To be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. You can expedite the review process by providing a copy of a graduate catalog course description and/or syllabus of any identified courses. You can only apply one course to a single category on this form. See the detailed description of required course work in the Rules and Regulations 536-X-4, page 10-11. (S=Semester, Q= Quarter)

1. Marriage and Family Studies (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

2. Marriage and Family Therapy (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

3. Human Development (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

MFT 3 (cont.)
Educational Requirements continued

4. Professional Ethics (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

5. Research (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

6. Supervised Clinical Practicum (minimum of 12 months, including 500 direct client contact hours, 250 of which must be with couples or families physically present in the therapy room. A minimum of 100 hours of supervision by a board-approved supervisor must have been obtained concurrently with the direct client contact hours). A post degree internship/work experience may be used to fulfill this requirement in part or full. A Record of Supervision Form (MFT 10) completed by your supervisor must also accompany your application.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

MFT 5
Marriage and Family Therapist Qualifying Questionnaire

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," please explain below. Use an additional sheet if necessary (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. **A "Yes" answer does not necessarily mean the applicant will not be granted a license.** However, additional documentation may be requested by the Board if the information submitted is insufficient.

1. ☐ Yes ☐ No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
2. ☐ Yes ☐ No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
3. ☐ Yes ☐ No Is any disciplinary action pending against you now by any licensing agency or professional association?
4. ☐ Yes ☐ No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?
5. ☐ Yes ☐ No Have you ever been reported for child abuse or domestic violence?
6. ☐ Yes ☐ No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?
If yes, have you enrolled in a recovery program? ☐ Yes ☐ No
7. ☐ Yes ☐ No Have you had any malpractice judgments brought against you?
8. ☐ Yes ☐ No Have you ever been convicted of a felony?
9. ☐ Yes ☐ No Have you ever misrepresented your professional qualifications?

Item #: _____ Explanation: _____

MFT 5b

Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

MFT 6
Supervisor Reference Form

TO BE COMPLETED BY APPLICANT:

Name and Address of Applicant: _____

MFT designation applying for: ☐ LMFT ☐ MFT Associate ☐ MFT Intern

My signature indicates that I waive my right to inspect the contents of this document:

Signature: _____ Date: _____

TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Professional affiliation/license #: _____

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant? _____

2. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?

☐ Excellent ☐ Very Good ☐ Fair ☐ Needs Improvement

Please explain: _____

3. To your knowledge, is the applicant of good moral character? ☐ Yes ☐ No

If no, please explain: _____

MFT 6 (cont.)
Supervisor Reference Form (continued)

4. To your knowledge, with the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?

☐ Yes ☐ No

If yes, do you know if the applicant is in a recovery program? ☐ Yes ☐ No

Please explain: _____

5. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? ☐ Yes ☐ No If yes, please explain: _____

6. To your knowledge, has the applicant had any malpractice judgments brought against him/her? ☐ Yes ☐ No If yes, please explain: _____

7. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? ☐ Yes ☐ No If yes, please explain: _____

8. To your knowledge, has the applicant ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain: _____

9. If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee? _____

Signature of Supervisor or Professional Colleague

Date

INSTRUCTIONS TO SUPERVISOR/COLLEAGUE: Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

MFT 7
Affidavit and Release Authorization Form

Affidavit

I, _____, being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Release Authorization

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

Signature of Applicant

Date of Signature

Subscribed to and Sworn before me this ____ day of _____, 20____

Signature of Notary Public

My Commission Expires

MFT 8
MFT Intern/Associate Supervision Agreement Form

Complete both pages.
THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

APPLICANT INFORMATION

Name:		Social Security #:
Preferred Mailing Address:		
City:	ST:	Zip Code:
Telephone Number: ()		

SUPERVISOR INFORMATION

Name:		
Type & Title of License Held:	Lic. #:	Exp. Date:
Date Original License was Issued:	State in which Lic. Was Issued:	
Preferred Mailing Address:		
City:	ST:	Zip Code:
Telephone Number:()		
Are you an Alabama LMFT or AAMFT Approved Supervisor or Supervisor-in-Training?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (If you checked no, please complete the case-by case supervision form.)		

INFORMATION RELATING TO SUPERVISED EXPERIENCE

Name and address of organization or agency where experience will be gained (Complete a separate form for each setting):
Average number of client contact hours expected to be gained per week:

**ATTACH A COPY OF THE SUPERVISORY CONTRACT OR WRITTEN
AGREEMENT.**

(See page 7, VII – C of the Information for Supervisors)

MFT 8 (cont.)
MFT Intern/Associate Supervision Agreement Form continued

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the Board Rules relating to supervised experience and that all supervised experience will be complete in accordance with the section of the Board Rules relating to supervised experience.
- That I will typically meet with my supervisor for at least one hour during each week of documented experience.
- That I will abide by all rules of the Board including ethics requirements.
- That I understand the MFT Associate or MFT Intern Certification does not give me the authority to engage in the independent practice of marriage and family therapy.
- That I will notify the Board if the supervisory arrangement is terminated.

Signature of Applicant

Date

Sworn to and Subscribed before me this the _____ day of _____, 20__

Signature of Notary

My Commission Expires

I, as the supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experiences will be completed in accordance with the section of the Board Rules relating to supervised experience and all subsequent Board Rules.
- That I will typically meet with the supervisee for at least one hour during each week of documented experience.
- That I understand the full professional responsibility for the services of the supervisee shall rest with the supervisor, except that the supervisee shall pay their premium for any malpractice insurance covering the services.
- That I understand the supervisee cannot engage in the independent practice of marriage and family therapy until he or she obtains a regular license as a licensed marriage and family therapist.
- That I will notify the Board if the supervisor arrangement is terminated.

Signature of Supervisor

Date

Sworn to and Subscribed before me this the _____ day of _____, 20__

Signature of Notary

My Commission Expires

MFT 9
Case-By-Case Approved Supervision Request Form

This form does not need to be completed if your supervisor(s) is an LMFT or AAMFT Approved Supervisor.

APPLICANT NAME: _____

MFT clinical experience must be supervised by an LMFT or AAMFT Approved Supervisor or Supervisor-in-Training. Alternate supervisors may be considered on a case-by-case basis as stipulated in the Rules and Regulations.

This request is for: (Check all that apply)

- ☐ Prior Supervision
- ☐ Current Supervision
- ☐ Future Supervision

The remainder of this form (comprising the next 2 ½ pages) should be completed by the proposed supervisor.

This completed form is required to document the MFT training and supervisory experience of case-by-case supervisors. Additional information comments that may qualify you as a case-by-case supervisor may be provided on a separate sheet and attached to this form. Please return this form along with supporting materials to the applicant.

SUPERVISOR INFORMATION:

Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Are you a current LMFT? ☐ Yes ☐ No

Are you a current or former AAMFT Clinical Member? ☐ Yes ☐ No

Have you previously submitted a request to be a case-by-case supervisor?

☐ Yes ☐ No

MFT 9 (cont.)
Case-By-Case Approved Supervision Request Form continued

EDUCATION (This section is not required of Licensed MFTs or current AAMFT clinical members.)

Graduate degree in MFT or allied mental health field required. Please begin with your graduate college education and include relevant post-degree training.

Name of Institution	Major Area of Study	Dates Attended	Degree/Certificate	Date Earned
		to		
		to		
		to		
		to		
		to		

List graduate courses or continuing education specific to marriage and family studies and marriage and family therapy you have completed. Six (6) graduate level courses or 270 hours of professional MFT workshops/seminars or a combination of courses and workshops/seminars taken or taught are recommended.

Educational Institution	Graduate Course/Workshop/Seminar	Dates	Credit Hours	Contact Hours
		To		
		To		
		To		
		To		
		To		
		To		
		To		

MFT 9 (cont.)
Case-By-Case Approved Supervision Request Form continued

MFT Clinical Training and Experience: To be completed by supervisor(s). If you are not an LMFT or AAMFT clinical member, please provide information regarding your MFT clinical training and supervision. *These sections must be completed by all case-by-case supervisors.*

1. Dates you received supervision of your clinical work: _____
2. Total number of hours of supervision you received with your MFT clinical work: _____
3. Setting in which you received your MFT supervision: _____

4. Who supervised your MFT clinical work? (MFT, Psychologist, Social Worker, etc.): _____

5. Number of years you have been in the clinical practice of MFT: _____
6. Percentage (%) of your current clinical work that is MFT: _____

Supervisory Training and Experience

1. Dates you received supervision of your supervision of MFT trainees or other allied mental health providers: _____
2. Total number of hours of supervision you have received of your supervision: _____
3. Setting in which you received supervision of your supervision: _____

4. Who supervised your supervision? (MFT, Psychologist, Social Worker, etc.): _____

5. List courses or workshops on supervision that you have completed: _____

6. Number of years you have supervised MFT trainees or other trainees prior to the applicant for which this request is being made: _____

Licensure/Certification Verification

Are you licensed in your profession? ☐ Yes ☐ No

Type of License: _____ License Number: _____

Date(s): _____ Date of Issue: _____ Expiration Date: _____

I affirm that the statements made in this request are true. I have not been expelled or asked to resign from any professional association for ethical violations or resigned upon notification of a pending ethics inquiry or had any occupational license suspended or revoked.

Signature: _____ Date: _____

MFT 10
Record of Supervision for MFT Associate and LMFT Applicants

Applicant's Name: _____
(Last) (First) (Middle)

Applicant's Status at time of supervision: ☐ MFT Intern ☐ MFT Associate

TO BE COMPLETED BY THE SUPERVISOR:

Supervisor's Name: _____
(Last) (First) (Middle)

Supervisor's Address: _____
_____ Phone: _____

Supervision Site(s): _____

Check appropriate Supervisor Qualifications:

☐ LMFT Approved Supervisor ☐ AAMFT Approved Supervisor
☐ LMFT Supervisor-in-Training ☐ AAMFT Supervisor-in-Training
☐ Case-by-Case Approved Supervisor ☐ Other (please explain): _____

Was an MFT Intern/Associate Supervision Agreement Form (MFT 8) filed with the ABEMFT for the above applicant and supervisor? ☐ Yes ☐ No

I certify that the above applicant has successfully completed clinical training during the period of

_____ to _____
(month) (year) (month) (year)

During this period, I provided: _____ hours of individual MFT supervision to the applicant and _____ hours of group supervision to the applicant.

During the same period, the applicant completed:

_____ hours of direct client contact with individuals in MFT and
_____ hours of direct client contact with couples or families (relational hours) in MFT.

Supervisor's Signature Date

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public My Commission Expires

